



Council Tax & Non-Domestic Rates

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COUNCIL TAX INQUIRY FORM

1. What is the property address

Post Code

Is the property a) occupied - Go to question 3 and complete the form b) Unoccupied - Go to question 2.

2. Who owns the property

What date was the property purchased Is the property used as your 2nd home/holiday home Yes No

Is the property used for commercial renting Yes No Is the property let furnished Unfurnished

Name and address of agents

Correspondence address

Now go to question 7

3. Date you move to this address Tenancy start date or date purchased

* Forwarding address of previous occupant of this property: (if known)

Your previous address (if in the Borough of Poole)

* Name of the new occupiers, at your previous address (if known)

4. Please list every person, over the age of 18 who lives at this property

Title Mr/ Mrs Miss etc	Surname	Forename (in full)	Free Holder	Lease	Tenant	None of these

5. **If the property is rented**

a. Name and Address of landlord or letting agent:

b. Is this furnished or unfurnished let.

6. **Council Tax Discount** (The full Council Tax bill assumes that there are two or more adults in a property)
People who live on their own qualify for a 25% discount. Please tick this box If you are the sole occupant of the dwelling

Certain people are not counted when looking at the number of adults resident in a dwelling, and a discount may apply. Please tick relevant box(es) below if any of the adults living in the dwelling fall into one of the categories listed. You will then be contacted for further information, if required.

- | | |
|--|---|
| <input type="checkbox"/> Students including nurses on project 2000* | <input type="checkbox"/> Persons employed as voluntary careworkers |
| <input type="checkbox"/> Students Nurses* | <input type="checkbox"/> Foreign Language Assistants |
| <input type="checkbox"/> Students under 20 years old of age in school or college or who have recently left. | <input type="checkbox"/> Long term patients in a hospital or care home. |
| <input type="checkbox"/> Apprentices | <input type="checkbox"/> Severely mentally impaired persons |
| <input type="checkbox"/> Persons aged 18 years for whom child benefit is payable | <input type="checkbox"/> Persons detained in prison |
| <input type="checkbox"/> Person providing care (not employment)
* you must supply a student certificate for each claimant | <input type="checkbox"/> Youth training trainee under 25 years of age |

7. An unoccupied furnished property will automatically be awarded a 10% discount. However if you think you are entitled to an exemption please complete the section below ticking the appropriate box.

Date from which exemption is claimed

Exempt Groups

- | Class | Class |
|---|--|
| <input type="checkbox"/> A A dwelling is exempt for a maximum of 12 months if it requires or is undergoing major structural repair or alteration. The property must be unoccupied and substantially unfurnished. | <input type="checkbox"/> O A dwelling owned by the secretary of state for Defence and held for the purposes of armed forces accommodation. |
| <input type="checkbox"/> B Property unoccupied for less than 6 months and owned by a charity | <input type="checkbox"/> P Property where liable person has an association within part one of visiting Forces Act 1952 |
| <input type="checkbox"/> C Property which is unoccupied and unfurnished – upto a maximum of 6 months, irrespective of any change in ownership. | <input type="checkbox"/> Q An unoccupied dwelling, where the liable person is a trustee in bankruptcy |
| <input type="checkbox"/> D Unoccupied property, liable person in prison | <input type="checkbox"/> R A caravan pitch or a mooring which is not occupied by caravan or boat |
| <input type="checkbox"/> E Unoccupied property, liable person in hospital/care home | <input type="checkbox"/> S A dwelling occupied only by a person or persons aged under 18 |
| <input type="checkbox"/> F Unoccupied property, less than 6 months from grant of probate | <input type="checkbox"/> T An unoccupied dwelling which: |
| <input type="checkbox"/> G Unoccupied property, occupation prohibited by law | a) Forms part of a single property which includes another dwelling; and |
| <input type="checkbox"/> H Unoccupied clergy property, awaiting new minister | b) May not be let separately from that other dwelling without a breach of planning control |
| <input type="checkbox"/> I Unoccupied property, liable person receiving personal care elsewhere | <input type="checkbox"/> U A dwelling occupied only by a person or persons who is or are severely mentally impaired |
| <input type="checkbox"/> J Unoccupied property, liable person providing personal care elsewhere | <input type="checkbox"/> V A dwelling where a liable person is a foreign diplomat or a foreign official of an international organisation headquartered in the UK. |
| <input type="checkbox"/> K Unoccupied property, liable person is a student | <input type="checkbox"/> W A separate dwelling within a single property which is occupied by a dependant relative. |
| <input type="checkbox"/> L Unoccupied property due to repossession | |
| <input type="checkbox"/> M Halls of residence | |
| <input type="checkbox"/> N Properties occupied by students only | |

8. You may be entitled to a reduction if your dwelling includes a room needed by a resident with a disability, or extra space to use his/her wheelchair. If you wish to claim please tick this box.

9. If you are on a low income you may be entitled to Council Tax Benefit. Please tick the box and a form will be sent

10. Council Tax – Method of payment

If you do not complete this section, it will be assumed that you wish to pay monthly by using payment slips, which will be issued with your bill. Please tick as appropriate

- | | | | |
|---------------|----------------------------------|-----------------------------------|--------------------------------------|
| Direct Debit | Monthly <input type="checkbox"/> | Annually <input type="checkbox"/> | Half Yearly <input type="checkbox"/> |
| Payment Slips | Monthly <input type="checkbox"/> | Annually <input type="checkbox"/> | Half Yearly <input type="checkbox"/> |

Declaration. I / We declare that the information given in this form is correct to the best of my/our knowledge and belief and understand that I/We must advise the council at once if any of the circumstances change.

Print name of applicant: _____ Date: _____ *Tel No. _____

*You don't have to give this information but it would be helpful in case we need to contact you